

"Knowing is not enough, we must apply. Willing is not enough, we must do!" Goethe

Designing For Dissemination

September 19-20, 2002 • Madison Hotel, Washington, DC

From Whence We Came - To Where We are Going



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- Who?
- Where?
- What?
- When?
- Why?

How are we doing?

Why is this important?

- Billions on research - tens of billions on services
- “It takes 17 years to turn 14 per cent of original research to the benefit of patient care”
- An abundance of intervention research and a dearth of dissemination research

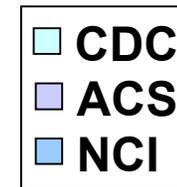
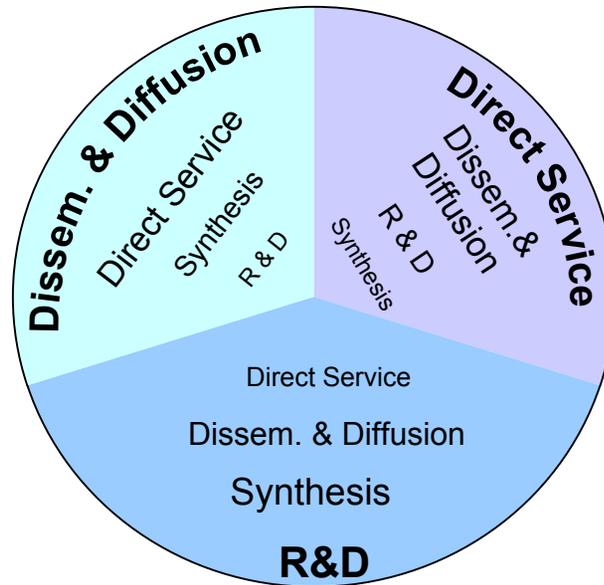
Who? Are we the right groups?

-
- Schools of public health
 - Schools of communication
 - Business schools
 - Medical schools
 - Voluntary health organizations
 - Private sector, e.g. advertising agencies
 - Comprehensive Cancer Centers, Prevention Research Centers
 - Foundations
 - Public health systems (national, state & local)
 - Healthcare organizations

How to work together?

Working Together To Make the Whole Greater Than the Sum of Its Parts

A National Partnership Model for Comprehensive Cancer Control



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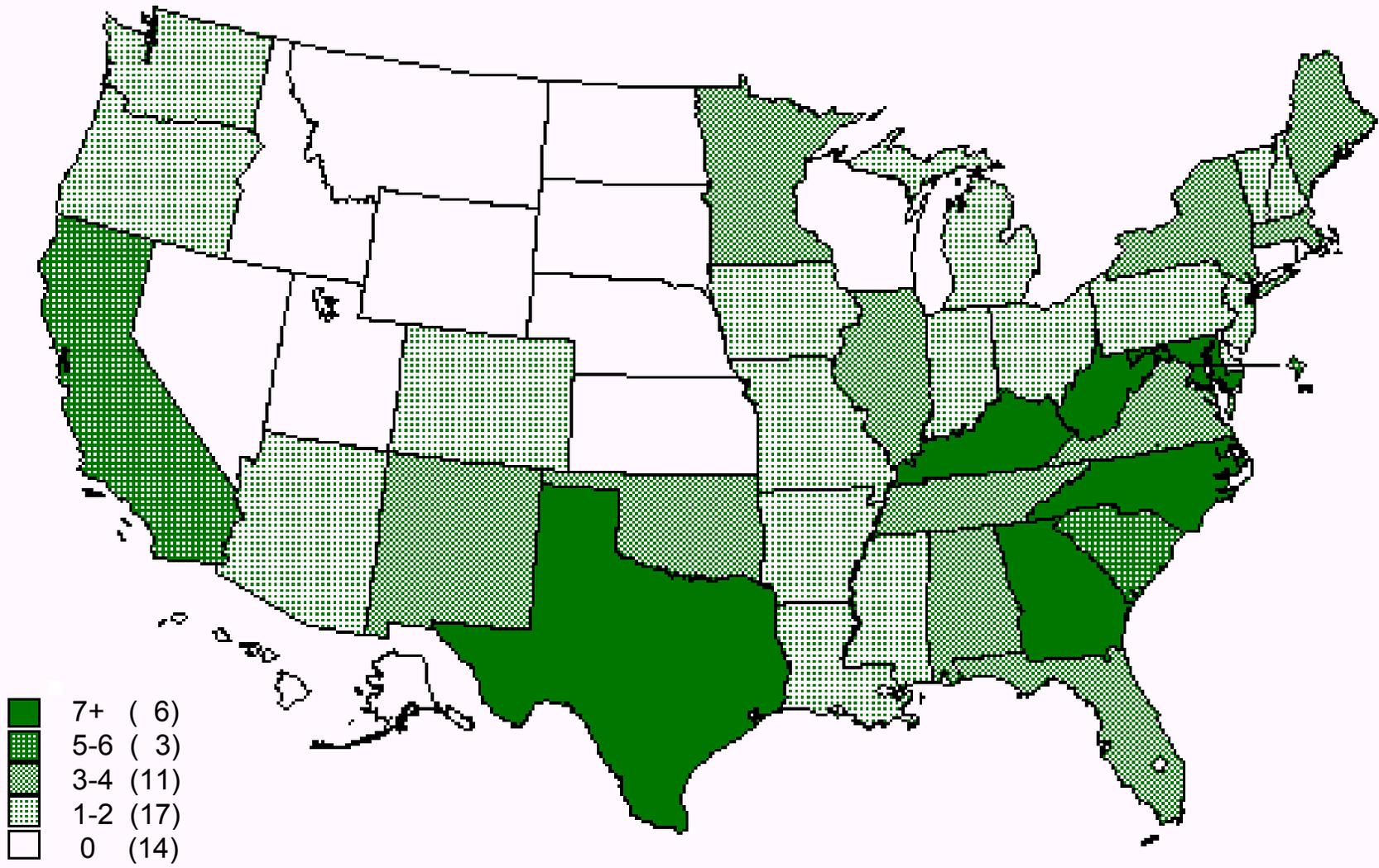
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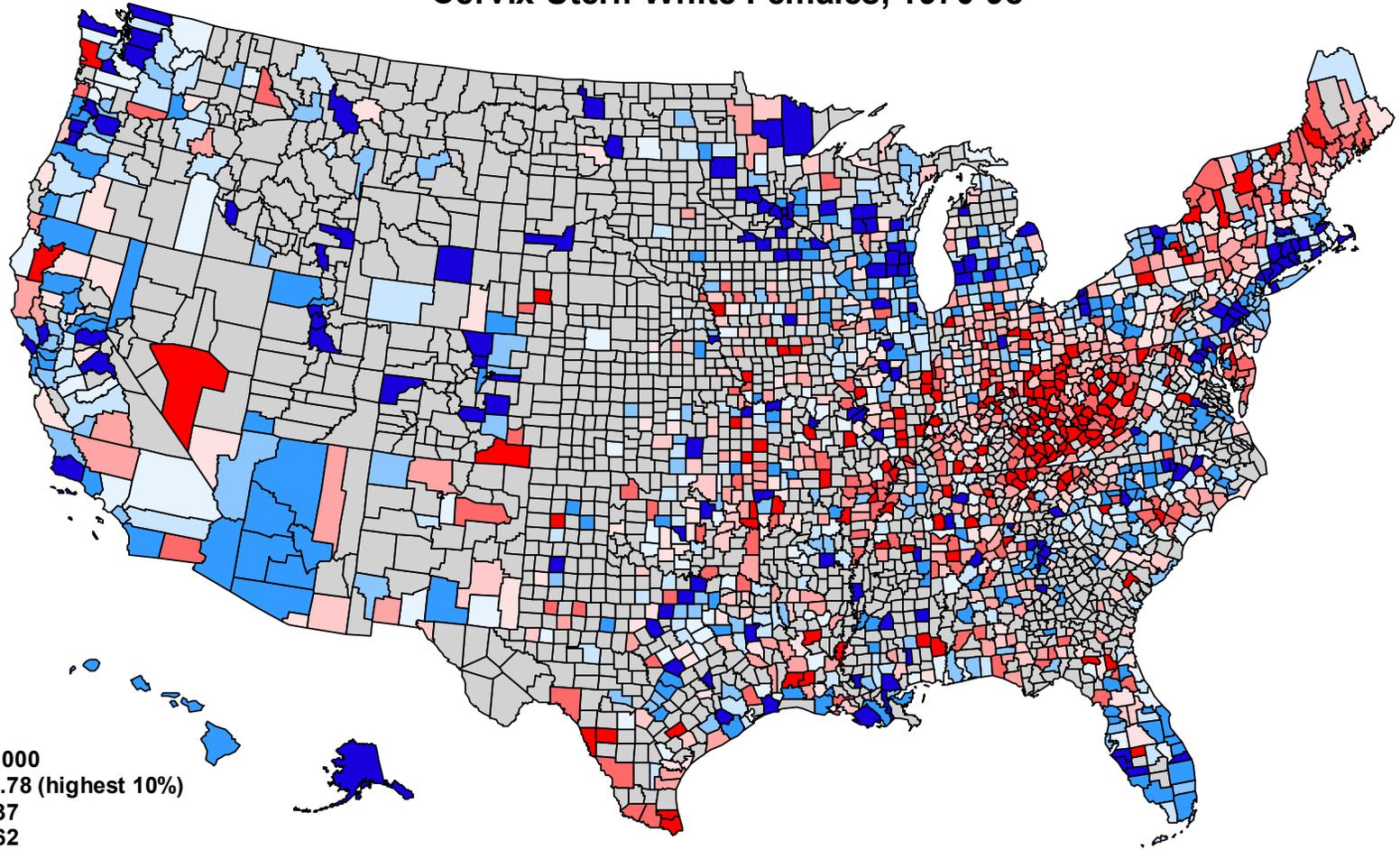
Where?

- At the National Level?
- At the State Level?
- At the Local Level?

Corpus Christie Texas Meeting Attendees by State (N= 133)



Cancer Mortality Rates by County (Age-adjusted 1970 US Population) Cervix Uteri: White Females, 1970-98



US = 3.07/100,000

5.38 - 11.78 (highest 10%)

4.63 - 5.37

4.15 - 4.62

3.82 - 4.14

3.53 - 3.81

3.24 - 3.52

2.95 - 3.23

2.67 - 2.94

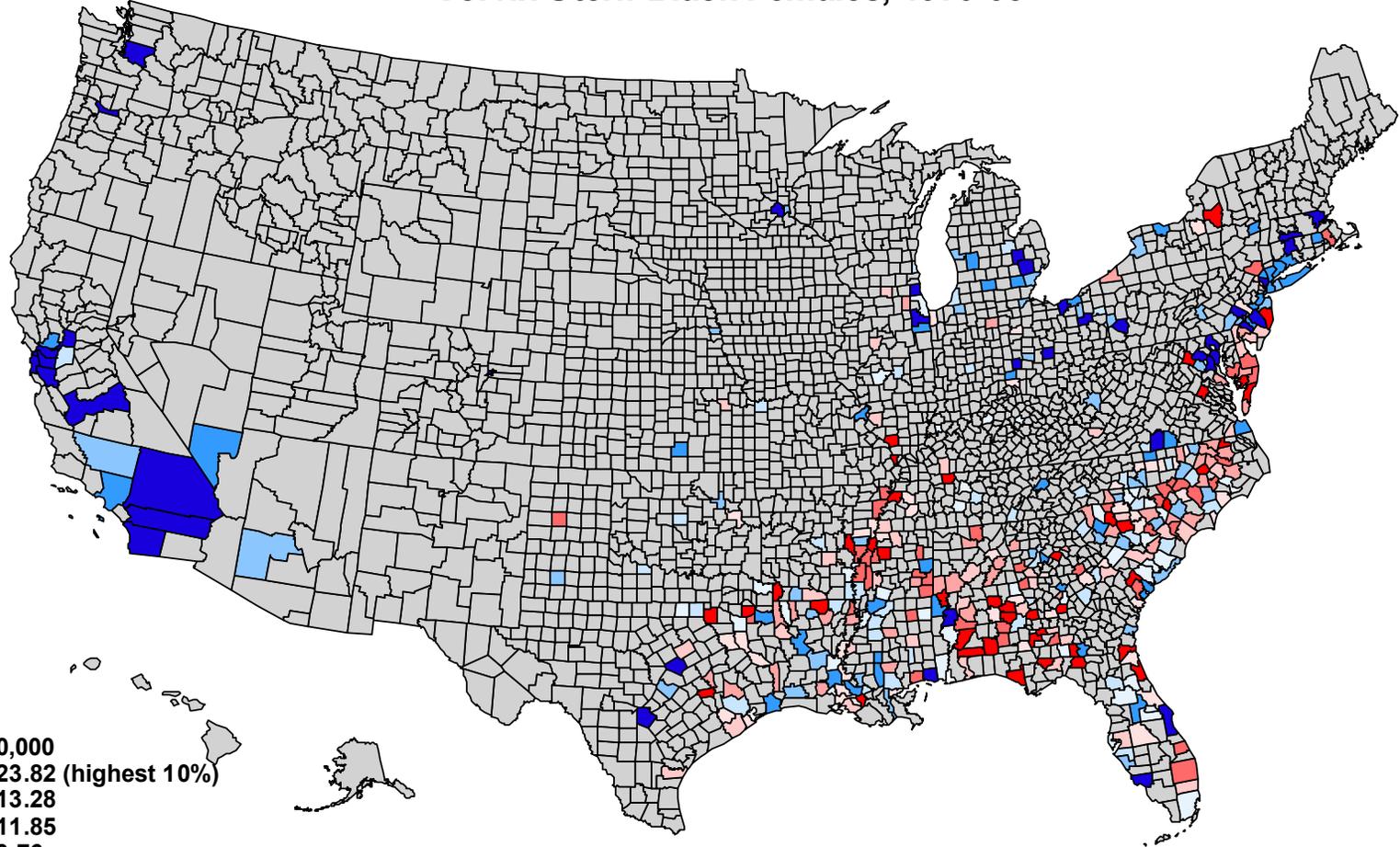
2.34 - 2.66

1.19 - 2.33 (lowest 10%)

Sparse data (< 12 observed deaths; 1,490 counties; 7.04% of deaths)

Cancer Mortality Rates by County (Age-adjusted 1970 US Population)

Cervix Uteri: Black Females, 1970-98



US = 8.04/100,000

13.29 - 23.82 (highest 10%)

11.86 - 13.28

10.77 - 11.85

9.93 - 10.76

9.23 - 9.92

8.62 - 9.22

7.69 - 8.61

7.01 - 7.68

5.97 - 7.00

3.00 - 5.96 (lowest 10%)

Sparse data (< 12 observed deaths; 2,625 counties; 13.1% of deaths)

THE CERVICAL CANCER CONTROL CONTINUUM

low risk high risk transition cancer progression

Continuum



Prevention

- HPV Exposure
- Tobacco Control
- Barrier Contraceptives

Detection

- Pap Test

Diagnosis

- Clinical Follow-up

Treatment

- Multi-modality treatment/quality of care

Survivorship

- Coping
- Palliation

Focus

What can we do?

Levels of Dissemination to Decision-Makers

Analysis Levels

- National Level
- Regional Level
- State & Local Levels

Decision-making Levels

- HHS, Congress, public awareness (individuals)
- Regional congressional caucuses/coalitions, state health departments, governors
- County health departments, state legislators, community leaders

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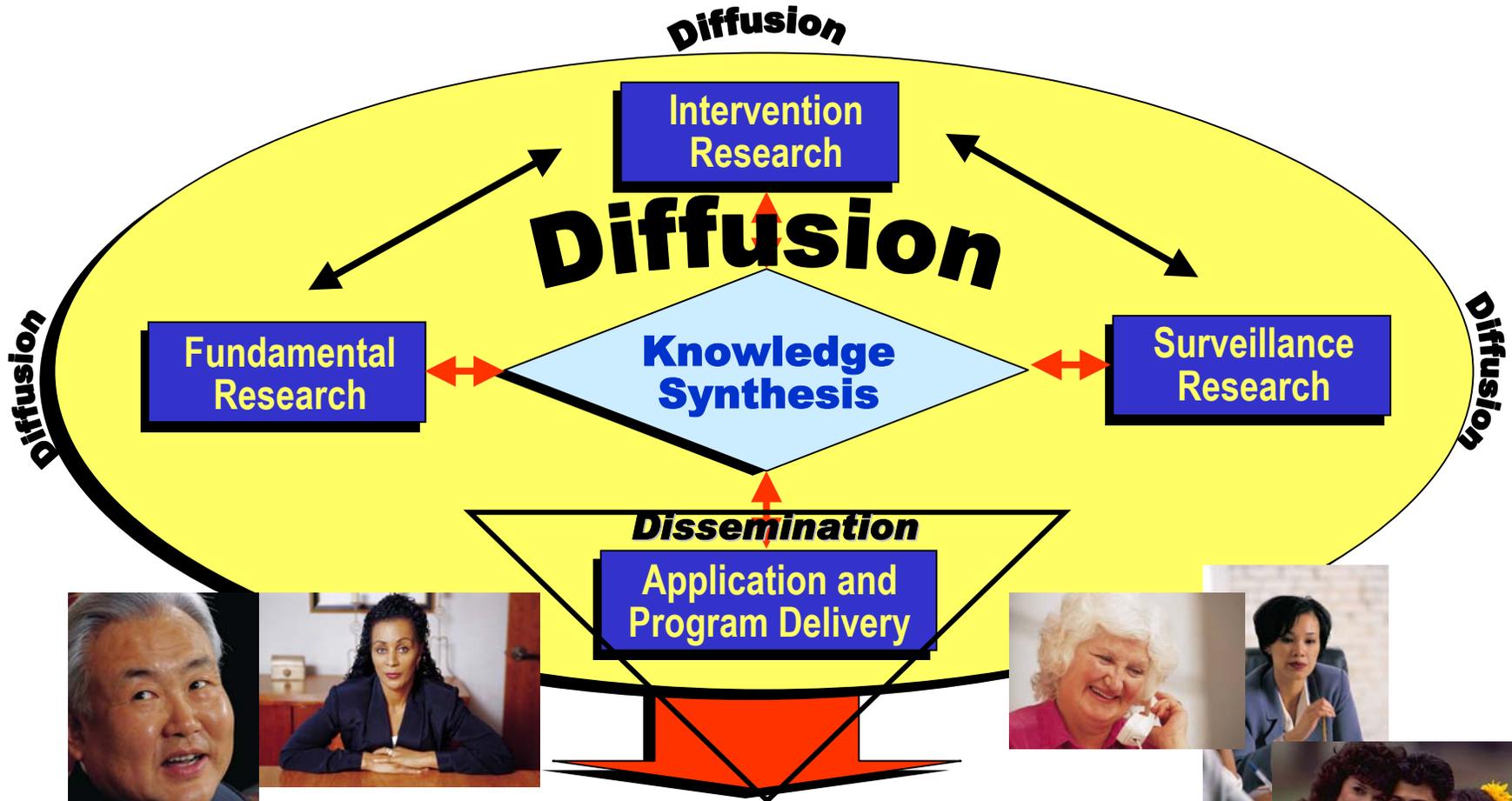
What are We Thinking?

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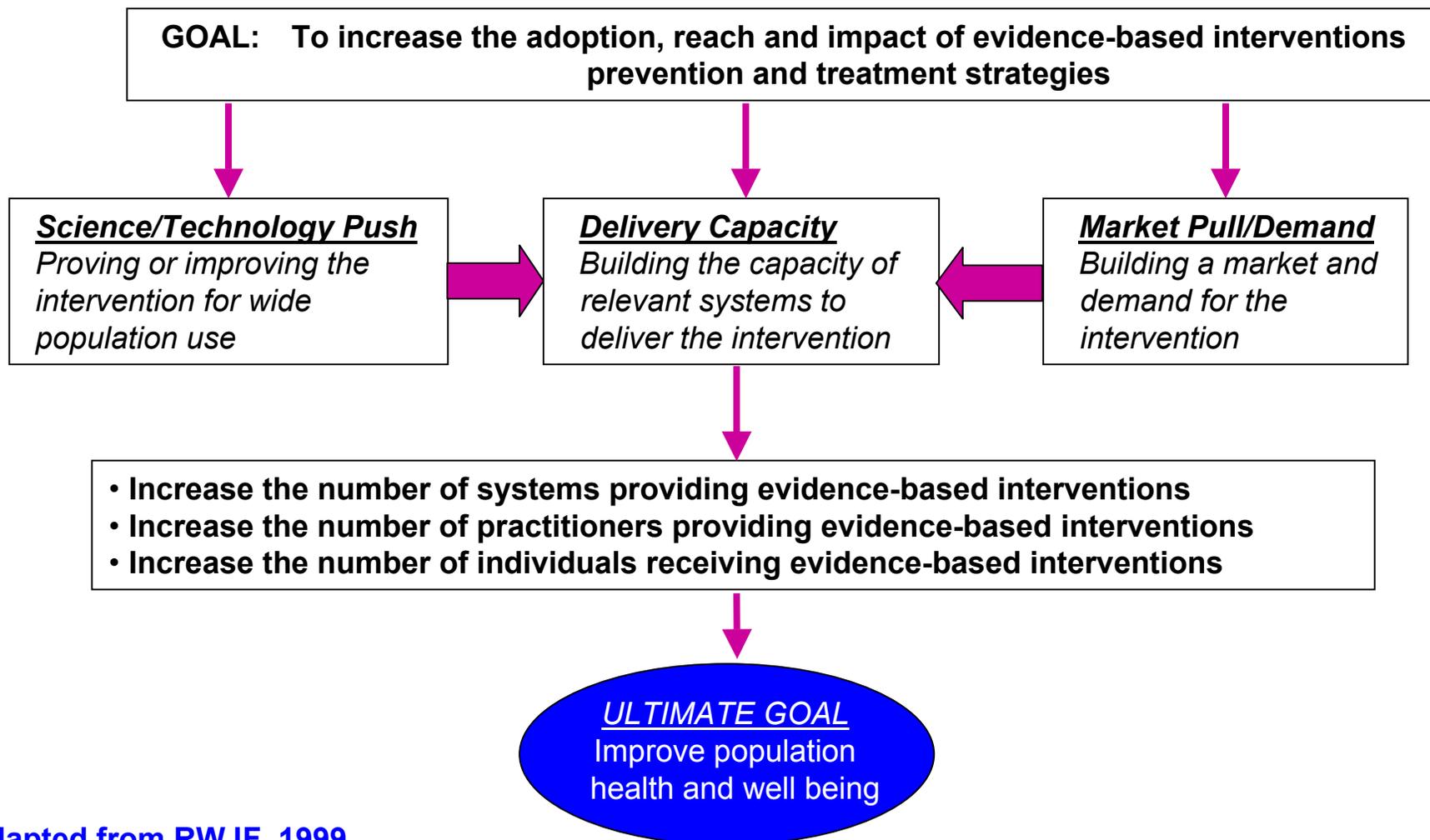
Dynamic Model of Cancer Control Research & Diffusion and Dissemination



Reducing the cancer burden

Adapted from the Advisory Committee on Cancer Control, National Cancer Institute of Canada, 1994.

Getting Evidence-Based Interventions Into Practice: Roadmaps for the Next Frontier



Potential Models for D and D

- Knowledge synthesis models
- Grant support models
- Production models
- Partnership models

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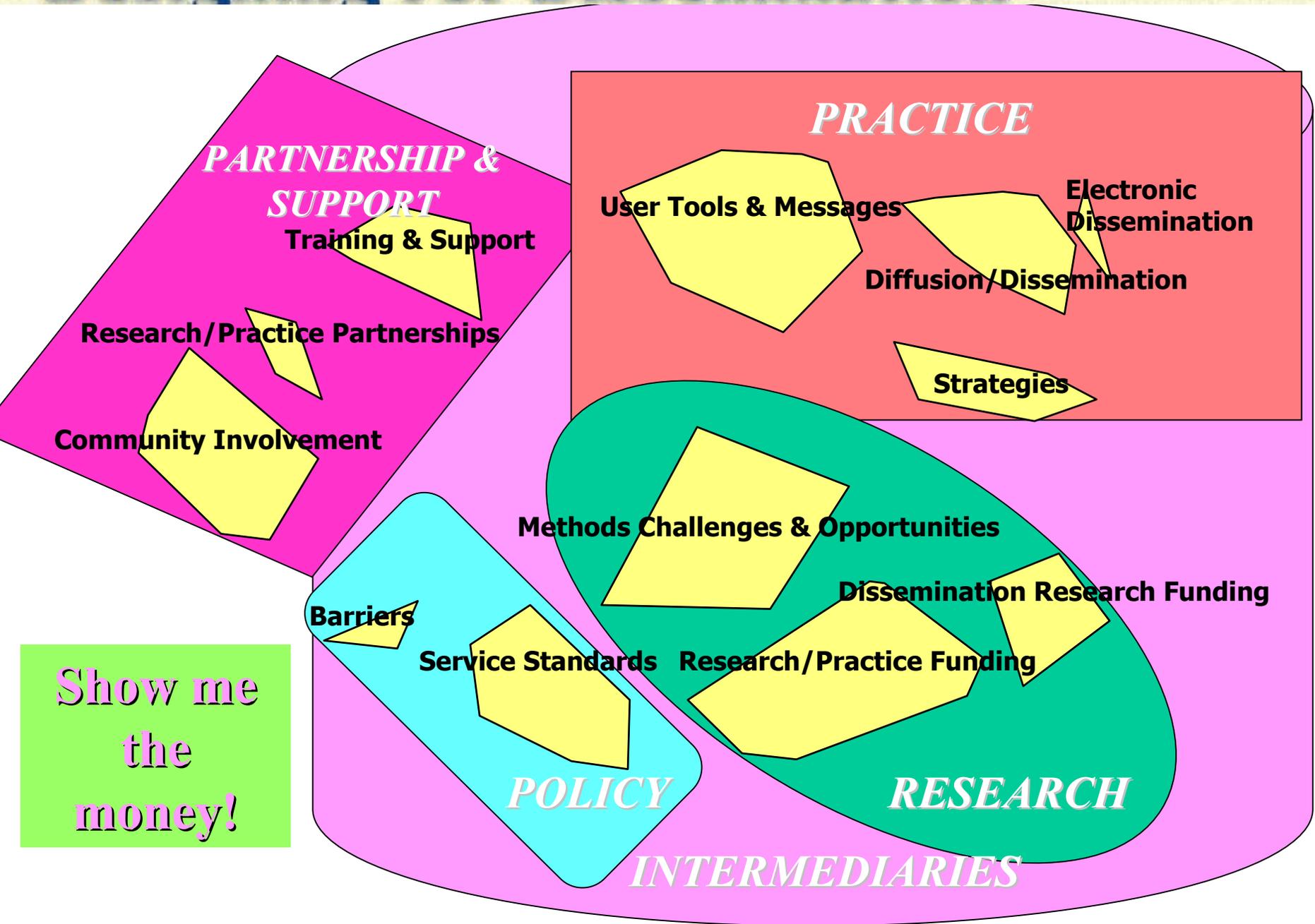
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What are You Thinking?

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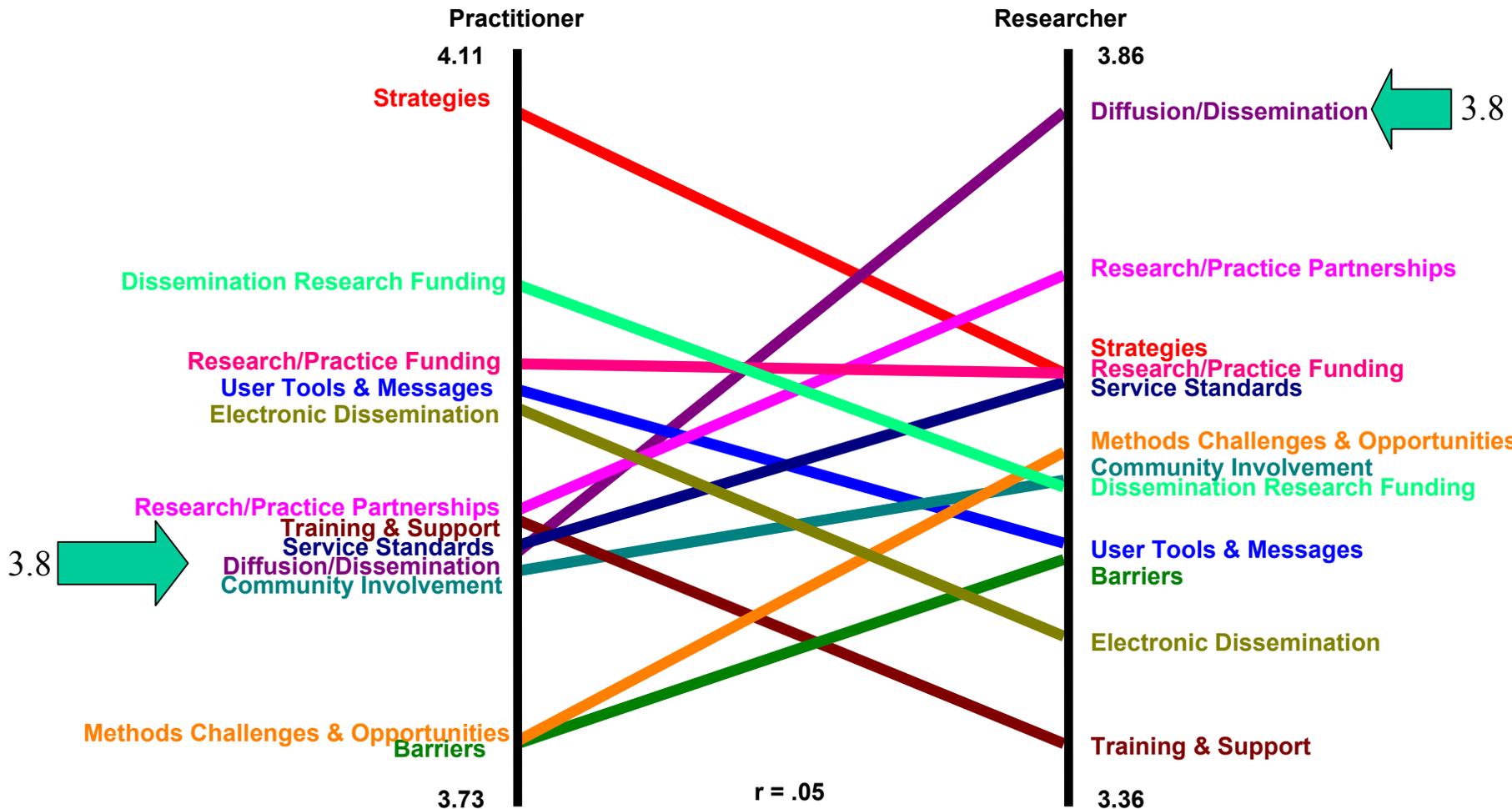


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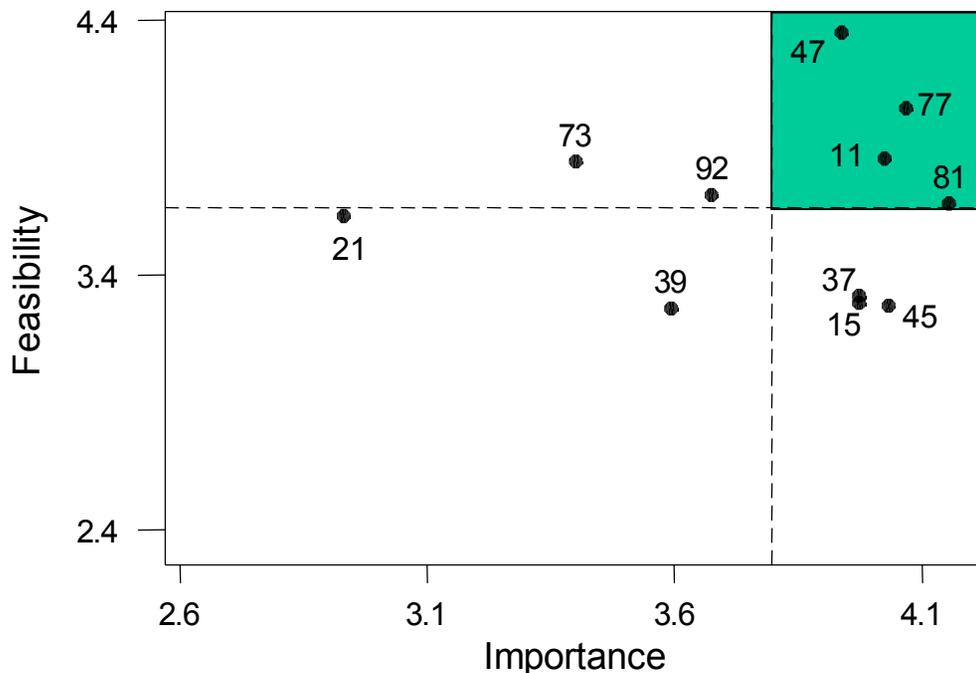
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Practitioner v. Researcher Importance



Diffusion/Dissemination (All)



Create mechanisms to distribute practical information (e.g., procedural details) from research discoveries. (11)

Synthesize available research results to reduce the barrage of variable findings from each new "study of the week". (15)

Publish key findings in the form of inserts in targeted magazines. (21)

Develop inexpensive, non-traditional ways to disseminate research findings. (37)

Establish a central clearinghouse to evaluate new discoveries and place them in proper perspective. (39)

Work with the media to disseminate research results in a clear, non-confusing manner. (45)

Annually publish NCI-funded interventions shown to be effective. (47)

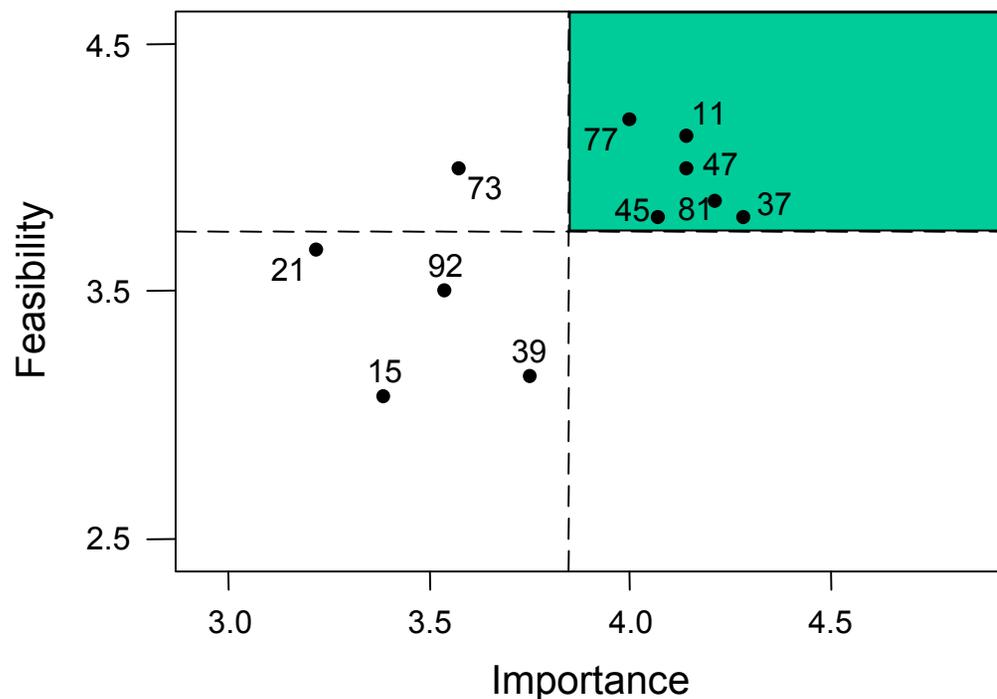
Have NCI hire science writers who can translate research articles into practical advice for practitioners. (73)

Provide best practice examples of how programs adopt evidence-based interventions. (77)

Synthesize and communicate research results in ways that are understandable to practitioners. (81)

Encourage JNCI to publish dissemination studies in each issue. (92)

Diffusion/Dissemination (Practitioners)



Create mechanisms to distribute practical information (e.g., procedural details) from research discoveries. (11)

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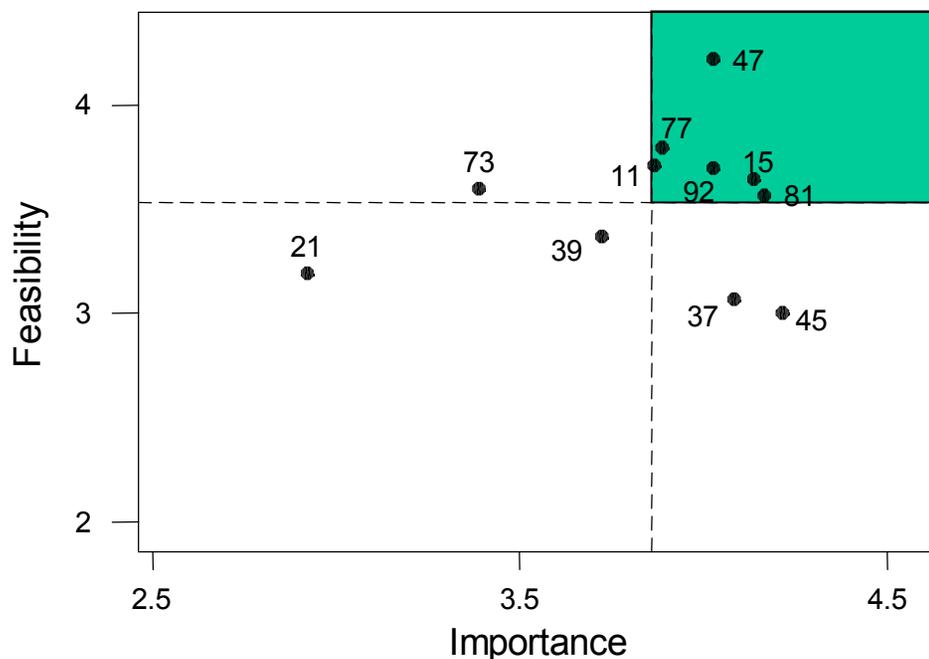
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Provide best practice examples of how programs adopt evidence-based interventions. (77)

Synthesize and communicate research results in ways that are understandable to practitioners. (81)

Encourage JNCI to publish dissemination studies in each issue. (92)

Diffusion/Dissemination (Researchers)



Provide best practice examples of how programs adopt evidence-based interventions. (77)

Synthesize and communicate research results in ways that are understandable to practitioners. (81)

Encourage JNCI to publish dissemination studies in each issue. (92)

Create mechanisms to distribute practical information (e.g., procedural details) from research discoveries. (11)

Synthesize available research results to reduce the barrage of variable findings from each new "study of the week". (15)

Publish key findings in the form of inserts in targeted magazines. (21)

Develop inexpensive, non-traditional ways to disseminate research findings. (37)

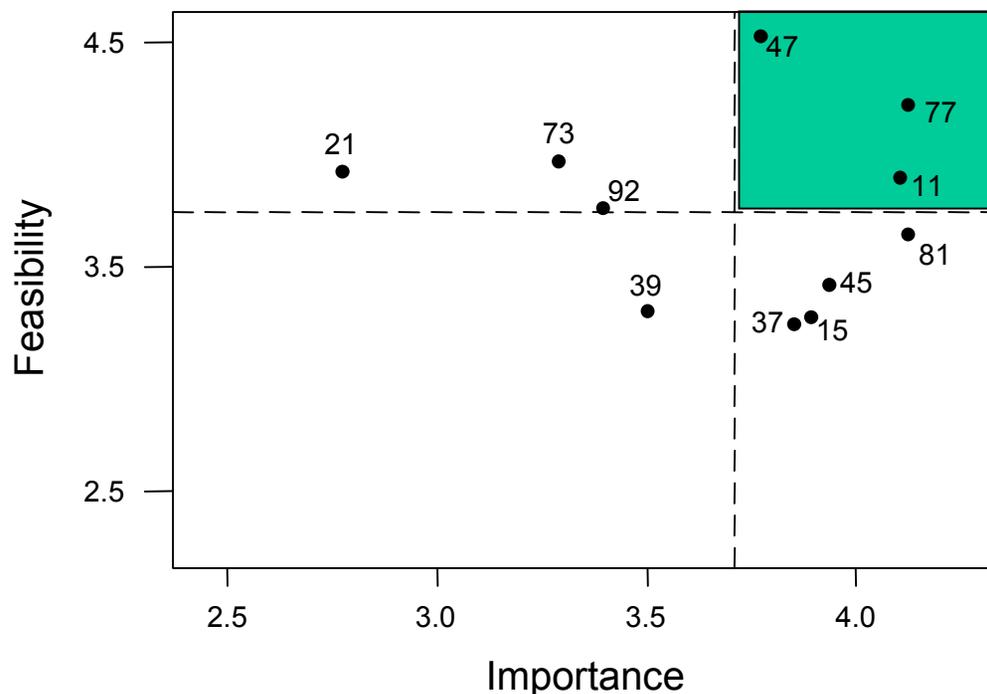
Establish a central clearinghouse to evaluate new discoveries and place them in proper perspective. (39)

Work with the media to disseminate research results in a clear, non-confusing manner. (45)

Annually publish NCI-funded interventions shown to be effective. (47)

Have NCI hire science writers who can translate research articles into practical advice for practitioners. (73)

Diffusion/Dissemination (Intermediaries)



Provide best practice examples of how programs adopt evidence-based interventions. (77)

Synthesize and communicate research results in ways that are understandable to practitioners. (81)

Encourage JNCI to publish dissemination studies in each issue. (92)

Create mechanisms to distribute practical information (e.g., procedural details) from research discoveries. (11)

Synthesize available research results to reduce the barrage of variable findings from each new "study of the week". (15)

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What are We Doing?

Translating Research into Improved Outcomes

- Use and communicate cancer and behavioral surveillance data to identify needs, track progress and motivate action.
- Collaboratively develop tools for accessing, and promoting adoption of, evidence-based cancer control interventions.



- Support regional and local partnerships to identify infrastructure barriers, expand local capacity and integrate science into comprehensive cancer control planning and implementation.

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When do we act?

“The current failings of dissemination and uptake have more to do with miscommunication – inappropriate dissemination, limited commitment to uptake, lack of understanding, and unrealistic expectations of each others’ environments – than with unavailability of research or an absent need for it in decision making.”

~Lomas, 1997

Research Coordination Council

Findings and Recommendations for the Secretary's Budget Council (for FY04)

Health Research Findings and Recommendations:

1. Research Translation, Dissemination, and Implementation:

Considering the large commitment that the Department makes to support and conduct research, the Department should expand its commitment to supporting the most effective and appropriate translation, dissemination, and implementation of research products and science-based health information to health care providers, consumers, educators, and policymakers who can benefit from such findings. This should include a Departmental investment that ties together the discovery end of research to the delivery end of health services, with the purpose of finding the most effective ways to disseminate the evidence and promote its adoption. There also should be a focus on the feedback loop from practitioners to researchers on important questions that need to be answered through research.

Let's get started today & tomorrow:

- 1) Decide at your table on the role of researchers, intermediaries or practitioners in D&D.
- 2) Identify at your table two steps each group can take to support D&D and what else needs to be considered.
- 3) Within practitioner, researcher, non-federal and federal intermediary groups identify a maximum of 7 action steps, two short term and the rest mid- to long-term, that you and your organizations will commit to do. Also share a total of two vital messages (e.g., action priorities, areas of concern) to other groups.

Don't hesitate - help evaluate!

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“Getting a new idea adopted, even when it has obvious advantages, is often very difficult.” -- Everett Rogers, *Diffusion of Innovations*



We can do it!

